

# REGULATION

## **on the recognition of professional qualifications of healthcare practitioners from other Member States of the European Economic Area or Switzerland for the pursuit of an activity in Iceland**

### SECTION I

#### **General provisions**

##### Article 1

###### *Aim*

The aim of this Regulation is to transpose rules regarding the right of healthcare practitioners having acquired their professional qualifications in a Member State of the Agreement on European Economic Area, or in Switzerland, to use the professional title of a regulated healthcare profession and pursue the profession in question in Iceland with the same rights and obligations as Icelandic nationals if they hold an attestation of competence or evidence of the professional qualifications required, and provided that they fulfil the conditions of the Agreement on European Economic Area, the EFTA Agreement, and Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications, as amended, as well its annexes in their latest versions (“the Directive” in what follows).

##### Article 2

###### *Scope*

This Regulation applies whenever there is a need to assess whether a healthcare practitioner who is a national of a Member State of the European Economic Area, or Switzerland, and intends to pursue an activity in Iceland in an employed or self-employed capacity, meets requirements for professional qualifications and experience to practise a regulated healthcare profession in Iceland under Articles 5 and 8 of the Healthcare Practitioners Act, No 34/2012, where that practitioner has acquired professional qualifications or recognition of such qualifications in another Member State of the European Economic Area, or Switzerland.

The Regulation also applies to healthcare practitioners who are granted a licence to practise or a specialist licence pursuant to this Regulation or who wish to provide services in accordance with Section V, where those services fall under a regulated profession, with the same rights and obligations as Icelandic nationals holding a similar licence.

The Regulation further applies to the issuance of the European Professional Card to healthcare practitioners with the required professional qualifications upon their request, on condition that the European Commission has adopted implementing acts for the profession concerned.

The Regulation also applies to healthcare practitioners who have completed vocational education and/or professional traineeships in a Member State of the European Economic Area other than the home Member State which constitutes a condition for access to a regulated profession in Iceland.

The provisions of Section II on the European Professional Card and Section VI on administrative cooperation and alert mechanism do not apply to Swiss nationals.

The rules of procedure laid down in the Regulation may be applied to applications from nationals of countries other than the Member States of the Agreement on European Economic Area, cf. Article 37, subject to certain limitations pursuant to the Healthcare Practitioners Act and regulatory and administrative provisions issued under that Act.

##### Article 3

###### *Definitions*

For the purpose of this Regulation, the following definitions apply:

- a. *Adaptation period*: A period during which a healthcare practitioner pursues a regulated profession in Iceland under the responsibility of a qualified member of that profession, complemented by any additional training in accordance with Articles 24 and 25, any such period being subject to assessment.
- b. *General licence to practise medicine*: A licence to practise as a medical doctor.

- c. *EEA Agreement*: The Agreement between the European Union and Iceland, Norway and Liechtenstein which was signed on 2 May 1992 and which entered into force on 1 January 1994.
- d. *European Professional Card*: An electronic certificate proving either that the applicant has met all the necessary conditions to provide services in a host Member State on a temporary and occasional basis or the recognition of professional qualifications for establishment in a host Member State, see Section II.
- e. *European Credit Transfer and Accumulation System or ECTS credits*: The credit system for higher education used in the European Higher Education Area.
- f. *Professional qualifications*: Qualifications attested by evidence of formal qualifications, an attestation of competence, and/or professional experience, see Article 21 and Annex II.
- g. *Host Member State*: A Member State in which the healthcare practitioner has applied for an authorisation to practise a profession, provide services on a temporary basis, or become legally established.
- h. *Home Member State*: A Member State in which the healthcare practitioner has obtained professional qualifications.
- i. *Aptitude test*: A test of the professional knowledge, skills and competences of the applicant, carried out by a relevant body in Iceland with the aim of assessing the ability of the applicant to pursue a regulated profession, see Articles 24 and 26.
- j. *Attestation of competence*: A document attesting to the successful completion of training not covered by points b, c, d or e of the general system described in Section IV. This can be, for example, a confirmation of successfully completed training or of a specific examination without prior training, of the successful completion of compulsory school or of a general upper-secondary programme not conferring specific professional rights, issued by the entity offering the training or programme or administering the specific examination.
- k. *Competent authority*: Any authority or body empowered to issue or receive diplomas and other documents or information relating to an application for recognition of professional qualifications.
- l. *Legal establishment*: A fixed and permanent place of business in a Member State of the Agreement on European Economic Area, or Switzerland, registered in accordance with the national legislation of that Member State.
- m. *Regulated education and training*: Any training which is specifically geared to the pursuit of a given profession within the healthcare sector and which comprises a course or courses complemented, where appropriate, by professional training, or probationary or professional practice, as determined by legislative, regulatory or administrative provisions.
- n. *Regulated profession*: A professional activity within the healthcare sector such that the pursuit of that activity, or the use of a professional title, is subject, by virtue of legislative, regulatory or administrative provisions, to the possession of specific professional qualifications.
- o. *Specialist licence*: Recognition of formal specialist qualifications.
- p. *Automatic recognition*: Recognition of evidence of formal qualifications on the basis of coordination of minimum training conditions, see Section III.
- q. *Member State of establishment*: Member State where a healthcare practitioner is legally established.
- r. *Licence to practise*: Recognition of formal qualifications.
- s. *Professional experience*: The actual and lawful full-time or equivalent part-time pursuit of the profession concerned in a Member State.
- t. *Professional traineeship*: A period of professional practice carried out under supervision provided it constitutes a condition for access to a regulated profession, and which can take place either during or after completion of an education.
- u. *Internal Market Information System (IMI)*: A database operated by the European Union for information exchange between the competent authorities of home and host Member States.
- v. *Evidence of formal qualifications*: Diplomas, certificates and other evidence issued by the designated competent authority of a Member State of the European Economic Area pursuant to legislative, regulatory or administrative provisions and certifying successful completion of professional training.

- w. *Lifelong learning*: All general education, vocational education and training, non-formal education and informal learning undertaken throughout life, resulting in an improvement in knowledge, skills and competences, which may include professional ethics.

The evaluation of evidence of formal qualifications in connection with applications for a licence to practice and a specialist licence on the basis of qualifications obtained in a third country, and where such evidence is issued by a third country, is governed by the provisions of Article 37.

#### Article 4

##### *Effects of recognition*

A licence to practise or a specialist licence granted to a healthcare practitioner in Iceland in accordance with Sections III and IV allows beneficiaries to gain access to the same profession as that for which they are qualified in their home Member State and to pursue it under the same conditions as Icelandic nationals.

The profession which applicants intend to pursue in Iceland is the same as that for which they are qualified in their home Member State if the activities covered are comparable and meet the conditions of the Directive.

## SECTION II

### **European Professional Card**

#### Article 5

##### *Issuance of European Professional Cards*

European Professional Cards are issued to healthcare practitioners with the required professional qualifications upon their request, on condition that the European Commission has adopted implementing acts for the profession concerned.

European Professional Cards are issued by a home Member State to healthcare practitioners intending to provide services in professions covered by Section III where no prior check as referred to in Article 29, fifth paragraph, is required.

European Professional Cards are issued by a host Member State to healthcare practitioners intending to become legally established in that Member State or provide services in professions covered by Section V requiring a prior check as referred to in the fifth paragraph of Article 29. The competent authority of the home Member State must complete all preparatory steps with regard to the individual file of the applicant created within the Internal Market Information System (IMI).

A European Professional Card does not provide an automatic right to practise a particular profession if registration requirements or other control procedures were already in place when a European Professional Card was introduced for that profession.

#### Article 6

##### *Application for a European Professional Card and creation of an IMI file*

The Directorate of Health must make it possible for applicants to apply for a European Professional Card electronically through the Internal Market Information System (IMI). This leads to the creation of an individual applicant file, the 'IMI file', to which the applicant must append all documents required for the application for recognition of professional qualifications.

Should the Directorate of Health also provide the possibility to submit written applications, it must put in place all necessary arrangements for the creation of the IMI file and make available any information to be sent to the applicant in connection with the issuance of the European Professional Card.

Within one week of receipt of the application, the Directorate of Health must acknowledge receipt of the application and inform the applicant of any missing document.

Where applicable, the Directorate of Health must issue any supporting certificate required under the Directive. The Directorate of Health must verify whether the applicant is legally established in Iceland and whether all the necessary documents which have been issued in Iceland are valid and authentic. In the event of duly justified doubts, the Directorate of Health may consult the relevant body in Iceland and request from the applicant certified copies of documents. In the case of subsequent applications by the same applicant, the competent authorities of the home or host Member State may not request the re-submission of documents which are already contained in the IMI file and which are still valid.

## Article 7

*European Professional Card for the temporary and occasional provision of services*

The Directorate of Health must, within three weeks of receiving an application, verify the application and the supporting documents in the IMI file and issue the European Professional Card for the temporary and occasional provision of services, provided that no prior check as referred to in the fifth paragraph of Article 29 is required. The three-week period starts either upon receipt of any missing documents or upon the expiry of the one-week period referred to in the third paragraph of Article 6.

Following this, the European Professional Card is transmitted to all competent authorities concerned and is the equivalent of a declaration issued pursuant to Article 29. The applicant must be informed of the issuance of the European Professional Card. The Directorate of Health may not require any further declaration for the following 18 months.

A refusal by the Directorate of Health to issue a European Professional Card, and an absence of decision after the three-week period has elapsed, is subject to appeal to the Minister.

If a healthcare practitioner who holds a European Professional Card wishes to provide services in a Member State other than that mentioned in the initial application, that practitioner may apply for such extension. If the healthcare practitioner wishes to continue providing services beyond the period of 18 months referred to in the second paragraph, the practitioner must inform the Directorate of Health accordingly. The practitioner must also provide any information on material changes in the situation substantiated in the IMI file that may be required by the Directorate of Health. The Directorate of Health must transmit the updated European Professional Card to the competent authority of host Member States concerned.

The European Professional Card is to retain its validity in all Member States of the European Economic Area for as long as its holder maintains the right to practise as a healthcare practitioner on the basis of the documents and information contained in the IMI file.

## Article 8

*Application for a European Professional Card for establishment and for the temporary and occasional provision of services in the security sector or in the health sector*

On receipt of an application for establishment or for the temporary and occasional provision of services in professions covered by Section IV and requiring a prior check, the Directorate of Health must, within one month, verify the authenticity and validity of the supporting documents in the IMI file for the purpose of issuing a European Professional Card. That time period starts upon receipt of any missing documents referred to in Article 6 or, if no further documents were requested, upon the expiry of the one-week period. Following this, the application for the European Professional Card is registered with all competent authorities concerned. The applicant must be informed of this.

For professions enjoying automatic recognition pursuant to Section III and requiring no prior check, the Directorate of Health must decide whether to issue a European Professional Card within one month of receipt of the application transmitted by the home Member State. In the event of duly justified doubts, the Directorate of Health may request additional information, or a certified copy of a document, from the home Member State, which must provide any such information or document no later than two weeks after receiving the request.

For professions covered by Section IV, and requiring a prior check or compensation measures, the Directorate of Health decides whether to issue a European Professional Card or to subject the applicant to compensation measures as referred to in Article 24, within two months of receipt of the application transmitted by the home Member State. In the event of duly justified doubts, the Directorate of Health may request additional documents, or a certified copy of a document, from the applicant's home Member State, which must provide any such document no later than two weeks after the submission of the request.

In the event that the Directorate of Health does not receive the necessary information, it may refuse to issue the European Professional Card. Such refusal must be duly justified.

Where the Directorate of Health fails to reach a decision within the time limits set out in this Regulation, or to organise an aptitude test, the European Professional Card is to be deemed to be

issued and must be sent automatically to the applicant through the Internal Market Information System.

The Directorate of Health may extend by two weeks the deadline for the automatic issuance of the European Professional Card. It must explain the reason for the extension and inform the applicant accordingly. Such an extension may be repeated once and only where strictly necessary, in particular for reasons relating to public health or the safety of patients and the recipients of the service. The issuance of a European Professional Card replaces any application for recognition of professional qualifications, the decisions of the Directorate of Health in that regard being subject to appeal to the Minister.

#### Article 9

##### *Processing and access to data regarding the European Professional Card*

Without prejudice to the presumption of innocence, the competent authorities in the home and host Member State must update, in a timely manner, the corresponding IMI file with information regarding disciplinary actions or criminal sanctions leading to the loss or restriction of the right to practise a profession and which have consequences for the holder of a European Professional Card/the healthcare practitioner. The provisions of the Data Protection Act, No 90/2018, must be adhered to.

Such updates must include the deletion of information which is no longer required, and the holder of the European Professional Card/the healthcare practitioner and any competent authority that has access to the corresponding IMI file must be informed immediately of any updates. This obligation is without prejudice to the alert obligations for Member States under Section VI.

The content of the information updates referred to in the first paragraph must be limited to the following:

- a. the identity of the professional;
- b. the profession concerned;
- c. information about the national authority or court adopting the decision to restrict or prohibit the practice of a profession;
- d. the scope of the restriction or prohibition; and
- e. the period during which the restriction or prohibition applies.

Access to the information in the IMI file must be limited to the competent authorities of the home and the host Member States, which must inform the healthcare practitioner who holds the European Professional Card of the content of the IMI file upon that practitioner's request.

The information included in the European Professional Card must be limited to any information necessary to ascertain the healthcare practitioner's right to exercise the profession for which the card has been issued, such as the healthcare practitioner's name and surname, date and place of birth, profession, formal qualifications, higher education degree, the applicable recognition regime, the name of the competent authority involved, the number of the card, security features, and reference to a valid proof of identity. Information relating to professional experience acquired, or compensation measures passed, by the healthcare practitioner must also be included.

The personal data included in the IMI file may be processed for as long as they are needed for the purpose of the recognition procedure, or of the transmission of the declaration required under Article 29. The holder of a European Professional Card/the healthcare practitioner has the right to request the rectification of inaccurate or incomplete data contained in the file concerned, or the deletion or blocking of the file. The holder must be informed of this right at the time of issuance of the European Professional Card. In the event of the deletion of information about applicants for a European Professional Card issued for the purpose of establishment pursuant to Section III or for the practice of a profession requiring a prior check pursuant to Section IV, the competent authority must issue the healthcare practitioners concerned with evidence attesting to the recognition of their professional qualifications. A reminder of this right must be sent to the applicant automatically every two years via the Internal Market Information System (IMI).

In the event of a request for deletion of an IMI file linked to a European Professional Card issued for the purpose of temporary and occasional provision of services covered by Section V that have public health or safety implications, the competent authorities of the host Member State concerned must issue the holder of the European Professional Card/the healthcare practitioner with evidence attesting to the recognition of the professional qualifications in question.

Subject to the provisions of the fourth paragraph, the Directorate of Health must provide employers, patients, customers and other interested parties with information confirming the authenticity and validity of European Professional Cards presented to them by healthcare practitioners.

### SECTION III

#### **Automatic recognition for the purpose of being issued a licence to practice or a specialist licence on the basis of coordination of minimum training conditions**

##### Article 10

##### *Principle of automatic recognition*

The Directorate of Health must recognise evidence of formal qualifications as medical doctor giving access to the professional activities of doctor with basic training and specialised doctor, as registered nurse responsible for general care, as dentist, as specialised dentist, and as pharmacist, listed in Annex V of the Directive, points 5.1.1, 5.1.2, 5.2.2, 5.3.2, 5.3.3 and 5.6.2 respectively, which satisfy the minimum training conditions referred to in Articles 24, 25, 31, 34, 35 and 44 respectively, and must, for the purposes of access to and pursuit of these professional activities, give such evidence the same effect in Iceland as evidence of formal qualifications issued in Iceland.

The competent authorities of a Member State of the European Economic Area, or Switzerland, must issue evidence of formal qualifications accompanied, where appropriate, by the certificates listed in Annex V, points 5.1.1, 5.1.2, 5.2.2, 5.3.3 and 5.6.2 respectively.

The provisions of the first and second paragraphs do not affect the acquired rights referred to in Articles 23, 27 and 33 of the Directive, see Articles 12 and 13.

The Directorate of Health must recognise, for the purpose of pursuing general medical practice in the framework of the national social security system, evidence of formal qualifications listed in point 5.1.4 of Annex V of the Directive and issued to EEA nationals by other Member States in accordance with the minimum training conditions laid down in Article [28]<sup>†</sup> of the Directive.

The provisions of the fourth paragraph do not affect the acquired rights referred to in Article 30 of the Directive, see Article 17.

The Directorate of Health must recognise evidence of formal qualifications as a midwife, awarded to nationals of Member States by the other Member States and listed in point 5.5.2 of Annex V of the Directive, which satisfies the minimum training conditions referred to in Article 40 of the Directive and satisfies the criteria set out in Article 41 of the Directive, and must, for the purposes of access to and pursuit of the professional activities, give such evidence the same effect on its territory as the evidence of formal qualifications which the Directorate itself issues. This provision does not affect the acquired rights referred to in Articles 23 and 43 of the Directive, see Annex VI.

##### Article 11

##### *Issuance of a licence to practise on the basis of evidence of formal qualifications*

An applicant is entitled to be issued a licence to practise as medical doctor, as registered nurse, as dentist, as midwife or as pharmacist on presentation of evidence of formal qualifications certifying that the applicant has during the period of training acquired the professional knowledge, skills and competences listed, respectively, in:

- a. for medical doctors, Article 24, paragraph 3, and Annex V, point 5.1.1, of the Directive, and where appropriate, in the certificate of practical training (internship year);
- b. for registered nurses, Article 31, paragraphs 6 and 7, and Annex V, point 5.2.2, of the Directive;
- c. for dentists, Article 34, paragraph 3, and Annex V, point 5.3.2, of the Directive;
- d. for midwives, Article 40, paragraph 3, and Annex V, point 5.5.2, of the Directive;
- e. for pharmacists, Article 44, paragraph 3, and Annex V, point 5.6.2, of the Directive, and where appropriate, in the certificate of professional traineeship.

Applicants who submit evidence of formal qualifications not corresponding to the professional titles listed in the first paragraph are entitled to be issued a licence to practice if they present an

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<sup>†</sup> Note: Corrected from “29”.

attestation by the competent authority of a Member State of the European Economic Area, or Switzerland, which issued the evidence of formal qualifications. The document must state that the qualifications acquired meet the requirements of the Directive and that the evidence of formal qualifications is equivalent to the evidence referred to in the Directive.

A licence to practice as a registered nurse pursuant to the first and second paragraphs must only be issued if the evidence of formal qualifications is accompanied by an attestation confirming that the applicant is able to apply at least the following competences, regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing:

- a. competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with Article 31, paragraph 6, points (a), (b) and (c) of the Directive in order to improve professional practice;
- b. competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with Article 31, paragraph 6, points (d) and (e) of the Directive;
- c. competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with Article 31, paragraph 6, points (a) and (b) of the Directive;
- d. competence to independently initiate life-preserving immediate measures and to carry out measures in crises and disaster situations;
- e. competence to independently give advice to, instruct and support persons needing care and their attachment figures;
- f. competence to independently assure the quality of, and to evaluate, nursing care;
- g. competence to comprehensively communicate professionally and to cooperate with members of other professions in the health sector; and
- h. competence to analyse the care quality to improve the practitioner's own professional practice as a registered nurse responsible for general care.

A licence to practice as a midwife pursuant to the first and second paragraphs must only be issued if the evidence of formal qualifications satisfies one of the following criteria:

- a. full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4,600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;
- b. full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3,600 hours, contingent upon possession of evidence of formal qualifications as a registered nurse responsible for general care referred to in point 5.2.2 of Annex V of the Directive;
- c. full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3,000 hours, contingent upon possession of evidence of formal qualifications as a registered nurse responsible for general care referred to in point 5.2.2 of Annex V of the Directive, and followed by one year's professional practice for which a certificate has been issued in accordance with the fifth paragraph.

The certificate referred to in the fourth paragraph, point c, must be issued by the competent authorities of the Member State issuing the evidence of formal qualifications. It must certify that the holder, after obtaining evidence of formal qualifications as a midwife, has satisfactorily pursued all the activities of a midwife in a hospital or a health care establishment approved for that purpose.

#### Article 12

##### *Issuance of a licence to practise on the basis of acquired rights*

An applicant for a licence to practise whose evidence of formal qualifications is not listed in Annex V of the Directive is entitled to be issued a licence to practise as medical doctor, as registered nurse, as dentist, as midwife or as pharmacist insofar as the documents presented include:

- a. evidence of formal qualifications which was either issued or attests to training that began before the reference date stated in Annex V of the Directive, as follows:
  1. for medical doctors, see 5.1.1;
  2. for registered nurses responsible for general care, see 5.2.2;
  3. for dentists, see 5.3.2;
  4. for midwives, see 5.5.2;
  5. for pharmacists, see 5.6.2,
- b. accompanied by a certificate stating that the applicant has been effectively and lawfully engaged in the activities in question for at least three consecutive years during the five years preceding the award of the certificate.

For registered nurses responsible for general care, the activities must have included full responsibility for the planning, organisation and administration of nursing care delivered to the patient.

An applicant for a licence to practise whose evidence of formal qualifications was issued in the former German Democratic Republic, the former Czechoslovakia, the former Soviet Union or the former Yugoslavia is entitled to be issued a licence to practise subject to the conditions laid down in Appendix III.

#### Article 13

##### *Issuance of a licence to practise on the basis of acquired rights specific to a profession*

An applicant whose evidence of formal qualifications as a registered nurse was issued in Poland or Romania, either issued before the reference date stated in point 5.2.2 of Annex V of the Directive or attesting to training that began before that date, is only entitled to be issued a licence to practise as a registered nurse when the conditions laid down in Appendix IV are fulfilled.

An applicant whose evidence of formal qualifications as a dentist was issued by a Member State of the European Economic Area, or Switzerland, and not meeting the conditions of Article 11 or Article 12, is entitled to recognition subject to the conditions laid down in Appendix V.

An applicant whose evidence of formal qualifications as a midwife was acquired in the territory of the former German Democratic Republic, Romania, Poland or Croatia is only entitled to recognition or to be issued a licence to practise as a midwife when the conditions laid down in Appendix VI are fulfilled.

#### Article 14

##### *Special provision for medical doctors and registered nurses from Bulgaria*

Holders of the qualification of 'фелдшер' (*feldsher*) awarded in Bulgaria before 31 December 1999 are not entitled to obtain recognition of formal qualifications in other Member States of the European Economic Area as doctors of medicine or as registered nurses responsible for general care.

#### Article 15

##### *Issuance of a specialist licence on the basis of evidence of formal qualifications*

An applicant is entitled to be issued a specialist licence in medical or dental specialties when:

1. the specialty is recognised in Iceland;
2. the applicant is recognised as a medical doctor or dentist under Article 10, 11 or 12;
3. the applicant submits evidence of formal qualifications in accordance with Article 25 of the Directive, and according to points 5.1.2 and 5.1.3 of Annex V of the Directive as a specialist doctor, Article 35 of the Directive or point 5.3.3 of Annex V of the Directive as a specialised dentist; and
4. the applicant submits, where appropriate, a certificate of practical training or professional traineeship.

An applicant who does not satisfy the conditions of point c of the first paragraph in a medical or dental specialty is entitled to be issued a specialist licence if training requirements according to the Icelandic curriculum for the specialty are fulfilled. Evaluation of this should take account of the length of the studies completed, professional experience, supplementary and continuous training in medicine or dentistry.

An applicant who does not satisfy the Icelandic training requirements must, within four months of receipt of all required documents, be informed of the supplementary training to be acquired.

An applicant who submits evidence of formal qualifications as a specialist of medicine or dentistry without satisfying the conditions of the first paragraph is nevertheless entitled to be issued a specialist licence subject to the presentation of a certificate by the competent authority in a Member State of the European Economic Area, or Switzerland, awarding the evidence. The certificate (CCPS) must include information demonstrating that the specialty training and the evidence is in conformity with, comparable and equivalent to the requirements of the Directive with regard to formal qualifications.

Specialty training may only take place at health care establishments duly authorised for that purpose in the applicant's home Member State.

#### Article 16

##### *Issuance of a specialist licence on the basis of acquired rights*

An applicant who holds a specialist licence not listed in Annex V of the Directive is entitled to be issued a specialist licence in medical or dental specialties when:

1. the specialty is recognised in Iceland;
2. the applicant holds a licence to practise as a medical doctor or dentist under Article 13, 14 or 15 and submits a certificate stating that the applicant has been effectively and lawfully engaged within the specialty in question for at least three consecutive years during the five years preceding the award of the certificate; and
3. the evidence of formal qualifications was issued or attests to training that began:
  - a. before the reference date stated in points 5.1.2 and 5.1.3 of Annex V of the Directive, for specialised doctors;
  - b. before the reference date stated in point 5.3.3 of Annex V of the Directive, for specialised dentists.

An applicant whose evidence of formal qualifications was issued in the former German Democratic Republic, the former Czechoslovakia, the former Soviet Union or the former Yugoslavia is entitled to be issued a specialist licence subject to the conditions laid down in Appendix III. An applicant whose evidence of formal qualifications as a medical doctor was issued in Spain and who completed training as a specialised doctor before 1 January 1995 is entitled to be issued a specialist licence, even if that training does not satisfy the minimum training requirements provided for in Article 25 of the Directive. The evidence of formal qualifications must be accompanied by a certificate issued by the competent Spanish authorities and attesting that the person concerned has passed the examination in specific professional competence held in the context of exceptional measures concerning recognition laid down in Royal Decree 1497/99.

An applicant whose evidence of formal qualifications as a medical doctor was acquired in Italy and is listed in points 5.1.2 and 5.1.3 of Annex V of the Directive, and who began specialist training after 31 December 1983 and before 1 January 1991, entitled to specialist recognition, even if that training does not satisfy the minimum training requirements provided for in Article 25 of the Directive, if the qualification is accompanied by a certificate issued by the competent Italian authorities stating that the doctor concerned has effectively and lawfully been engaged, in Italy, in the activities of a medical specialist in the same specialist area concerned, for at least seven consecutive years during the 10 years preceding the award of the certificate.

#### Article 17

##### *Licence to practise as a general practitioner ('Evrópulæknaleyfi')*

An applicant is entitled to be issued a licence to practise as a general practitioner when:

- a. the applicant has been issued a general licence to practise medicine in accordance with the Regulation on the education, rights and obligations of medical doctors and criteria for granting of licences to practise medicine and specialist licences, No 467/2015, see Articles 11 and 12; and
- b. the applicant submits evidence of formal qualifications in accordance with point 5.1.4 of Annex V of the Directive.

Validity equal to that of the evidence required under point b of the first paragraph will be accorded to a certificate issued in a Member State of the European Economic Area, or Switzerland, and attesting that the applicant had, by the reference date stated in point 5.1.4 of Annex V of the Directive:

- a. practised as a medical doctor in a Member State of the European Economic Area, or Switzerland, in accordance with the provisions of Article 21 of the Directive, on automatic recognition, or Articles 23 and 30 of the Directive, on acquired rights; and
- b. been granted the right to practise as a general practitioner with the right to participate in the reimbursement system of a health insurance fund.

#### Article 18

##### *Licence to operate a pharmacy*

Training as a pharmacist received by an applicant in another Member State of the European Economic Area, or Switzerland, and satisfying the requirements of Article 11 or Article 12 is to be regarded as equivalent to training as a pharmacist received in Iceland for the purpose of evaluating an application for a licence to operate a pharmacy in Iceland.

Where supplementary professional experience in an Icelandic pharmacy is required for the purpose of evaluating an application for a licence to operate a pharmacy, similar professional experience acquired in another Member State of the European Economic Area, or Switzerland, is to be considered equivalent.

The issuance of licences to operate a pharmacy in Iceland is governed by the provisions of the Medicinal Products Act, No 93/1994, as amended.

#### SECTION IV

##### **General system for the recognition of evidence of training, to be issued a licence to practise on the basis of non-coordinated minimum training requirements.**

#### Article 19

##### *Issuance of a licence to practice or a specialist licence on the basis of evidence of formal qualifications*

An applicant is entitled to be issued a license to practise in Iceland within a regulated healthcare profession as an alcohol and drug addiction counsellor, social worker, chiropodist/podiatrist, radiographer, health information manager, audiologist, chiropractor, occupational therapist, biomedical scientist, pharmacological technician, diet cook, food scientist, biologist in a specialised health institution, nutritionist, dietician, food technician, osteopath, psychologist, optometrist, emergency medical technician/paramedic, licensed practical nurse, massage therapist, physiotherapist, prosthetist-orthotist, speech and language therapist, dental hygienist, dental technician, dental assistant or social educator, if the application is accompanied by an attestation of competence or evidence of formal qualifications required in another Member State of the European Economic Area, or Switzerland, in order to be authorised to practise there in the relevant regulated healthcare profession.

Training classified under point a of Article 21, first paragraph, does not entitle an applicant to a licence to practise issued pursuant to the first paragraph if Icelandic training requirements are classified under point e of Article 21, first paragraph.

#### Article 20

##### *Requirements which may be applied where a profession is not regulated in the applicant's home Member State*

An applicant who has practised a profession listed in Article 19, first paragraph, in another Member State of the European Economic Area, or Switzerland, where the profession in question is not regulated in that State, is entitled to be issued a licence to practise in Iceland if the applicant has pursued the profession concerned on a full-time basis on the territory of another Member State of the European Economic Area, or Switzerland, for at least one year, or for an equivalent overall duration on a part-time basis during the previous 10 years, provided that the application is accompanied by one or more attestations of competence or evidence of formal qualifications to practise the profession pursuant to Article 19, first paragraph. The same applies to training classified in accordance with Article 19, second paragraph, and Article 21.

Where an application for a licence to practise concerns profession which is regulated in another Member State of the European Economic Area, or Switzerland, and the training acquired satisfies the

requirements for levels of qualification laid down in points b, c, d or e of Article 21, first paragraph, the requirement for professional experience referred to in the first paragraph does not apply.

#### Article 21

##### *Levels of qualification*

In the application of the provisions of Article 23, on conditions for recognition, and Article 24, on compensation measures in relation to applications for recognition of formal qualifications, professional qualifications are to be grouped under the following levels:

- a. An attestation of competence issued on the basis of either:
  1. a training course not forming part of a certificate or diploma within the meaning of points b, c, d or e, or a specific examination without prior training, or full-time pursuit of the profession for three consecutive years or for an equivalent duration on a part-time basis during the previous 10 years; or
  2. general primary or secondary education, attesting that the holder has acquired general knowledge.
- b. A certificate attesting to a successful completion of a secondary course either:
  1. general in character, supplemented by a course of study or professional training other than those referred to in point c and/or by the probationary or professional practice required in addition to that course; or
  2. technical or professional in character, supplemented where appropriate by a course of study or professional training as referred to in the previous point, and/or by the probationary or professional practice required in addition to that course.
- c. A diploma certifying successful completion of either:
  1. training at post-secondary level, other than that referred to in points d and e, of a duration of at least one year or of an equivalent duration on a part-time basis, one of the conditions of entry of which is the successful completion of the secondary course required to obtain entry to university or higher education or the completion of equivalent school education of the second secondary level, as well as the professional training which may be required in addition to that post-secondary course; or
  2. regulated education and training or, in the case of regulated professions, training with a special structure, with competences going beyond what is provided for in level b, equivalent to the level of training provided for under the previous point, if such training provides a comparable professional standard and prepares the trainee for a comparable level of responsibilities and functions.
- d. A diploma certifying that the holder has successfully completed a post-secondary course of at least three years' and no more than four years' duration, or of an equivalent duration on a part-time basis, which may in addition be expressed with an equivalent number of ECTS credits, at a university or establishment of higher education or another establishment of equivalent level and, where appropriate, that he has successfully completed the professional training required in addition to the post-secondary course.
- e. A diploma certifying that the holder has successfully completed a post-secondary course of at least four years' duration, or of an equivalent duration on a part-time basis, which may in addition be expressed with an equivalent number of ECTS credits, at a university or establishment of higher education or another establishment of equivalent level and, where appropriate, that he has successfully completed the professional training required in addition to the post-secondary course.

#### Article 22

##### *Equal treatment of qualifications*

Any evidence of formal qualifications or set of evidence of formal qualifications issued by a competent authority in a Member State of the Agreement on European Economic Area or Switzerland, certifying successful completion of training in a Member State, on a full or part-time basis, within or outside formal programmes, is to be treated as evidence of formal qualifications of the kind referred to in Article 21, including the level which confers the same rights of access to or pursuit of a profession or prepares for the pursuit of that profession.

Any formal qualification which, although not satisfying the requirements contained in the legislative, regulatory or administrative provisions in force in the home Member State for access to or the pursuit of a profession, confers on the holder acquired rights by virtue of these provisions, is to be treated as evidence of formal qualifications under the same conditions as set out in point a of Article 21, first paragraph. This applies in particular if the Member State in question raises the level of training required for admission to a profession and for its exercise, and if an individual who has undergone former training which does not meet the enhanced qualification requirements benefits from acquired rights by virtue of national legislative, regulatory or administrative provisions. In such case this former training is considered, for the purposes of assessing whether the criteria laid down in Article 23 are satisfied, as corresponding to the level of the new training.

#### Article 23

##### *Conditions for issuance of a licence to practise*

If access to a regulated healthcare profession in Iceland is contingent upon possession of specific professional qualifications, the Directorate of Health must permit applicants to access and pursue that profession if they possess an attestation of competence or evidence of the required formal qualifications referred to in Article 21.

Access to, and pursuit of, a profession as described in the first paragraph, see also Article 19, first paragraph, must also be granted to applicants who have pursued the profession in question on a full-time basis for one year or for an equivalent overall duration on a part-time basis during the previous 10 years in another Member State which does not regulate that profession, provided that they possess one or more attestations of competence or evidence of formal qualifications issued by another Member State which does not regulate the profession.

Attestations of competence and evidence of formal qualifications as referred to in the first and second paragraphs must satisfy the following conditions:

- a. They are issued by a competent authority in a Member State of the Agreement on European Economic Area or Switzerland, designated in accordance with the laws, regulations or administrative provisions of the Member State concerned.
- b. They attest that the holder has received training and preparation for the pursuit of the profession in question.

The one year of professional experience referred to in the second paragraph may not be required if the evidence of formal qualifications which the applicant possesses certifies regulated education and training.

The Directorate of Health must accept the level attested under Article 21 by the home Member State. The Directorate must also accept the certificate by which the home Member State certifies that regulated education and training with a special structure referred to in point c.2 of Article 21, first paragraph, as equivalent to the level provided for in point c.1. of Article 21, first paragraph.

Notwithstanding the above, the Directorate of Health may refuse access to, and pursuit of, the profession to holders of an attestation of competence classified under point a of Article 21, first paragraph, where the formal qualification required to exercise the profession in Iceland is classified under point e of Article 21, first paragraph.

#### Article 24

##### *Compensation measures*

The provisions of Article 23 do not preclude the Directorate of Health from requiring the applicant to complete an adaptation period of up to three years pursuant to Article 24, or to take an aptitude test pursuant to Article 26, if:

1. the training the applicant has received covers substantially different matters than those covered by the evidence of formal qualifications required in Iceland; or
2. the profession which is regulated in Iceland comprises one or more regulated professional activities which do not exist in the corresponding profession in the applicant's home Member State, and that difference manifests itself in special training required in Iceland which covers substantially different matters from those covered by the applicant's attestation of competence or evidence of formal qualifications.

The applicant may choose between an adaptation period and an aptitude test.

Notwithstanding the principle of the right of the applicant to choose, the Directorate of Health may decide on either an adaptation period or an aptitude test in the case of:

- a. a holder of a professional qualification referred to in point a of Article 21, first paragraph, who applies for access to a profession where the professional qualification required is classified under point c of Article 21, first paragraph; or
- b. a holder of a professional qualification referred to in point b of Article 21, first paragraph, who applies for access to a profession where the professional qualification required is classified under points d or e of Article 21, first paragraph.

Where a holder of a professional qualification referred to in point a of Article 21, first paragraph, applies for access to a profession where the professional qualification required is classified under point d of Article 21, first paragraph, the Directorate of Health may require the applicant to complete both an adaptation period and an aptitude test.

For the purposes of points a and b of the first paragraph, 'substantially different matters' refers to training which is essential for pursuing the profession in terms of the professional knowledge, skills and competences acquired by the healthcare practitioner, and with regard to which the training received by the applicant shows significant differences in terms of content from the training required in Iceland.

Before requiring an applicant to complete an adaptation period or take an aptitude test pursuant to the first paragraph, the Directorate of Health must ascertain whether the knowledge, skills and competences acquired by the applicant in the course of professional experience in a Member State or in a third country, or through lifelong learning, is of such nature as to cover, in full or in part, the substantially different matters defined in the first paragraph.

A decision by the Directorate of Health pursuant to the third paragraph must be duly justified. In particular, a justification must include the following information:

- a. The level of the professional qualification required in Iceland for the purpose of comparison with the level of the professional qualification held by the applicant and provided with the application.
- b. The substantial differences referred to in the first paragraph and the reasons for which the applicant cannot compensate for those differences by knowledge, skills and competences acquired in the course of professional experience or through lifelong learning formally validated to that end by a relevant body.

It must be ensured that the applicant has the possibility of taking the aptitude test referred to in the first paragraph not later than six months after the initial decision imposing an aptitude test on the applicant.

#### Article 25

##### *Adaptation period*

'Adaptation period' means the pursuit of a regulated profession in Iceland under the responsibility of a qualified member of that profession. This period of supervised practice must be organised jointly by the head of the establishment concerned and two qualified members of the profession, and on completion the period must be made the subject of an assessment. After completing of the supervised practice, the applicant may be required complete further training.

The Directorate of Health lays down the detailed rules governing the adaptation period and its assessment as well as the status of an applicant working under supervision in Iceland.

#### Article 26

##### *Aptitude test*

'Aptitude test' means a test of the professional knowledge of the applicant with the aim of assessing the ability of the applicant to pursue a regulated healthcare profession in Iceland.

The tests must be organised and carried out by the education establishment concerned, in consultation with the Directorate of Health.

The Directorate of Health is to draw up a list of subjects which the applicant lacks knowledge of, on the basis of a comparison of the education and training required for the profession in Iceland and the diplomas or other evidence of formal qualifications possessed by the applicant.

The aptitude test must cover subjects selected from those on the list drawn up by the Directorate of Health, knowledge of which is essential in order to be able to pursue the healthcare profession in

question in Iceland. The test may also cover knowledge of the professional rules applicable to the activities in question in Iceland.

## SECTION V

### **Healthcare practitioners' freedom to provide services**

#### Article 27

##### *Principle of the free provision of services*

The free provision of services by healthcare practitioners in Iceland may not be restricted, for any reason relating to professional qualifications, except as provided in Articles 28 or 29:

1. if the provider is legally established in a Member State of the European Economic Area for the purpose of pursuing the same profession there (the 'Member State of establishment'); and
2. where the healthcare practitioner moves, having pursued the profession in one or several Member States of the European Economic Area for at least one year during the last 10 years preceding the provision of services, and the profession is not regulated in the Member State of establishment. The condition of one year's professional experience does not apply when either the profession or the training required to exercise it is regulated.

The provisions of this Section only apply where a healthcare practitioner moves to Iceland to provide services, within a profession referred to in Sections III or IV, on a temporary and occasional basis

The nature of a service provided on a temporary and occasional basis is to be assessed case by case, in particular in relation to its duration, its frequency, its regularity and its continuity.

A healthcare practitioner who moves to Iceland for the purpose of providing a service on a temporary and occasional basis is subject to any statutory or administrative provisions relating to the profession which are directly linked to professional qualifications, such as the definition of the profession, the use of titles, and provisions regarding serious professional malpractice directly and specifically linked to patient safety and public health, as well as disciplinary provisions which are applicable in Iceland to healthcare practitioners who pursue the same profession in another Member State of the European Economic Area.

#### Article 28

##### *Exemptions*

Healthcare practitioners established in other Member States of the European Economic Area who intend to provide a service in Iceland on a temporary or occasional basis are exempt from requirements placed on Icelandic staff with specialist training and relating to:

- a. the issuance by the Directorate of Health of licences to practise, registration with or membership of a professional organisation or expert body; and
- b. registration with Sjúkratryggingar Íslands (Icelandic Health Insurance) for the purpose of settling accounts with the insurer relating to activities pursued for the benefit of insured persons.

However, a healthcare practitioner who wishes to settle accounts with Sjúkratryggingar Íslands must inform the institution of the temporary or occasional services provided in advance or, in an urgent case, afterwards.

#### Article 29

##### *Declaration to be made in advance, if the healthcare practitioner moves*

The Directorate of Health may require that, where a healthcare practitioner first moves from a Member State of the European Economic Area to Iceland in order to provide services, that practitioner must inform the Directorate of Health of the move by written declaration made in advance, and include the details of any insurance cover or other means of personal or collective protection with regard to professional liability. The declaration must be renewed once a year if the healthcare practitioner intends to continue to provide temporary or occasional services.

The Directorate of Health may require, for the first provision of services or if there is a material change in the situation substantiated by the documents, that the declaration be accompanied by the following documents:

- a. Proof of the nationality of the healthcare practitioner.

- b. An attestation certifying that the healthcare practitioner is legally established in a Member State of the European Economic Area, or Switzerland, for the purpose of pursuing legal healthcare activities, and that the healthcare practitioner is authorised to pursue those activities and not prohibited, even temporarily, from practising them at the moment of delivering the attestation.
- c. Evidence of formal qualifications.
- d. Any means of proof that the healthcare practitioner has pursued the activity concerned for at least one year during the previous 10 years, see point b of Article 27, first paragraph.
- e. An attestation confirming the absence of temporary or final suspensions from exercising the profession, or a clear criminal record certificate if required for Icelandic nationals.
- f. An attestation certifying the existence of professional liability insurance which is valid in Iceland (patient insurance).
- g. A declaration about the applicant's knowledge of the language necessary for practising the profession in Iceland.

A healthcare practitioner exercising a profession pursuant to Article 27 must use a professional title in the manner provided in Article 41. A declaration submitted in accordance with the first paragraph entitles the healthcare practitioner concerned to have access to the service activity or to pursue that activity in the entire territory of Iceland.

For the first provision of services in fields belonging to a regulated profession listed in Section IV that has patient safety and public health implications and does not benefit from automatic recognition pursuant to Section III, the Directorate of Health may check the professional qualifications of the healthcare practitioner prior to the first provision of services. Such a prior check is permitted only where its purpose is to avoid serious damage to the health or safety of patients due to a lack of professional qualification of the healthcare practitioner and where the check does not go beyond what is necessary for that purpose.

No later than one month after receipt of the declaration and accompanying documents, referred to in the first and second paragraphs, the Directorate of Health must inform the healthcare practitioner concerned of any decision made pursuant to the fifth paragraph:

- a. not to check the healthcare practitioner's professional qualifications;
- b. having checked the healthcare practitioner's professional qualifications:
  - i. to require an aptitude test; or
  - ii. to allow the provision of services.

Where there is a difficulty which would result in delay in taking a decision under the fifth paragraph, the Directorate of Health must notify the healthcare practitioner of the reason for the delay within the same delay of one month, and include the date when the decision is expected. However, the decision must be finalised within two months of receipt of the entire set of documents.

Where there is a substantial difference between the professional qualifications of the healthcare practitioner and the training required in Iceland, to the extent that that difference is such as to be harmful to patient safety and public health, and that it cannot be compensated by professional experience or by professional knowledge, skills and competences acquired through lifelong learning formally validated to that end by a relevant body, the healthcare practitioner must be given the opportunity to prove, in particular by means of an aptitude test, the acquisition of the professional knowledge or competences that were lacking. It must be possible, under all circumstances, to provide the service within one month of the decision taken by the Directorate of Health in accordance with the fifth paragraph.

If the healthcare practitioner receives no reaction from the Directorate of Health within the deadline set out in the seventh paragraph, the service may be provided. In cases where professional qualifications have been verified, the service is to be provided under the professional title used in Iceland.

#### Article 30

##### *Information to be given to patients*

In cases where a healthcare service is provided under the professional title used in the Member State of establishment, or under the formal qualification of the healthcare practitioner, the Directorate of Health may require the healthcare practitioner to furnish the patient with any or all of the following information:

- a. whether the healthcare practitioner is registered in a commercial register or similar public register, and if so, the register in question, the registration number, or equivalent means of identification contained in that register;
- b. if the activity is subject to authorisation in another Member State of the European Economic Area, or Switzerland, the name and address of the competent supervisory authority;
- c. any professional association or similar body with which the healthcare practitioner is registered;
- d. the healthcare practitioner's professional title or, where no such title exists, evidence of the formal qualifications of the healthcare practitioner and the Member State in which it was awarded;
- d. details of any insurance cover or other means of personal or collective protection with regard to professional liability (patient insurance).

#### Article 31

##### *Administrative cooperation*

Whenever a healthcare service is offered, the Directorate of Health may, in the event of justified doubts, ask the competent authorities of the applicant's home Member State (the Member State of establishment) to provide any information relevant to the legality of the service provider's establishment and good conduct, as well as information regarding any disciplinary actions or criminal sanctions leading to the loss or restriction of the right to practise a profession (letter of good standing).

If the Directorate of Health decides to check the professional qualifications of a healthcare practitioner, it may ask the authorities of healthcare practitioner's Member State of establishment to provide information about the healthcare practitioner's training, to the extent necessary to assess any substantial difference which may prove detrimental to patient safety or public health.

The competent authorities must ensure the exchange of all information necessary for complaints by a patient against the services provided by a healthcare practitioner to be correctly pursued. The patient must be informed of the outcome of the complaint.

The competent authorities of the healthcare practitioner's member state of establishment are under the obligation to provide this information in accordance with Section VI, and must ensure the confidentiality of the information and respect the provisions of applicable data protection legislation.

#### Article 32

##### *Requirements for healthcare services*

Healthcare practitioners who are entitled under this Section to provide temporary or occasional healthcare services in Iceland are governed by the provisions of the Healthcare Practitioners Act, No 34/2012; the Medical Director of Health and Public Health Act, No 41/2007; the Health Services Act, No 40/2007; the Patient Rights Act, No 74/1997; the Health Records Act, No 55/2009; and any other legal and regulatory requirements as appropriate. Moreover, the provisions of the Ministry of Education, Science and Culture Act on the Recognition of Professional Qualifications for the purpose of pursuing an activity in Iceland, No 26/2010, and any Regulation issued under that Act, apply as appropriate.

### SECTION VI

#### **Administrative cooperation and alert mechanism**

##### Article 33

##### *Administrative cooperation*

The competent authorities of the host and home Member States must work in close collaboration and provide mutual assistance in order to facilitate application of this Regulation. They must ensure the confidentiality of the information which they exchange.

The competent authorities must exchange information regarding actions leading to the loss or restriction of the right to practise a professional activity which are likely to have consequences for the provision of healthcare services. The authorities must respect the provisions of the Data Protection Act.

For the purposes of the first and second paragraphs, the competent authorities must use the Internal Market Information System (IMI).

## Article 34

*Alert mechanism*

The Directorate of Health must inform the competent authorities of all other Member States of the European Economic Area about instances where, by decision of a national authority or the courts, one of the following healthcare practitioners has suffered a restriction or prohibition with respect to a licence to practise or a specialist licence, in whole or in part, and even if the decision is only temporary:

- a. A doctor or general practitioner whose evidence of formal qualifications is listed in points 5.1.1 or 5.1.4 of Annex V of the Directive.
- b. A specialist doctor whose professional title is listed in point 5.1.3 of Annex V of the Directive.
- c. A registered nurse responsible for general care whose evidence of formal qualifications is listed in point 5.2.2 of Annex V of the Directive.
- d. A dentist whose evidence of formal qualifications is listed in point 5.3.2 of Annex V of the Directive.
- e. A specialised dentist whose evidence of formal qualifications is listed in point 5.3.3 of Annex V of the Directive.
- f. A midwife whose evidence of formal qualifications is listed in point 5.5.2 of Annex V of the Directive.
- g. A pharmacist whose evidence of formal qualifications is listed in point 5.6.2 of Annex V of the Directive.
- h. Holders of certificates mentioned in point 2 of Annex VII of the Directive attesting that the holder completed a training which satisfies the minimum requirements laid down in Articles 24, 25, 31, 34, 35, 40 or 44 of the Directive, respectively, but which started earlier than the reference dates of the qualifications listed in points 5.1.3, 5.1.4, 5.2.2, 5.3.2, 5.3.3, 5.5.2 and 5.6.2 of Annex V of the Directive.
- i. Holders of certificates of acquired rights as referred to in Articles 23, 27, 29, 33, 33a, 37, 43 and 43a of the Directive.
- j. Any other healthcare practitioner exercising activities that have patient safety implications in the context of a profession regulated in that Member State;

The Directorate of Health must send the information referred to in the first paragraph by way of alert via the Internal Market Information System (IMI) at the latest within three days from the date of adoption of the decision restricting or prohibiting pursuit of the professional activity in its entirety or in part by the healthcare practitioner concerned. That information is to be limited to the following:

- a. The identity of the healthcare practitioner.
- b. The profession concerned.
- c. Information about the national authority or court adopting the decision on restriction or prohibition.
- d. The scope of the restriction or prohibition.
- e. The period during which the restriction or prohibition applies.

The Directorate of Health must, at the latest within three days from the date of adoption of the decision by the Directorate or by a court, inform the competent authorities of all other Member States of the European Economic Area, by way of alert via the Internal Market Information System (IMI), about the identity of healthcare practitioners who, after applying for recognition of a qualification, have been found by the Directorate or by a court to have used falsified evidence of professional qualifications.

The Directorate of Health must inform competent authorities in the Member States of the European Economic Area without delay when a prohibition or restriction as referred in the first paragraph ceases to apply, and of the date on which this occurs.

Data regarding alerts may be processed within the Internal Market Information System (IMI) for as long as they are valid. Alerts must be deleted from the Internal Market Information System within three days from the date of adoption of the revoking decision or from the expiry of the prohibition or restriction.

The Directorate of Health must provide the healthcare practitioner concerned with a written notification when an alert concerning that practitioner is sent to other Member States of the European Economic Area, accompanied by the alert itself.

The procedure for handling cases of this nature is governed by the Medical Director of Health and Public Health Act, No 41/2007, and the Administrative Procedures Act, No 37/1993.

The processing of personal data for the purposes of the first and third paragraphs is governed by the provisions of the Data Protection Act.

## SECTION VII

### **Procedural rules**

#### Article 35

##### *Deadline for processing applications for licences to practise and specialist licences, procedure, and checks of professional qualifications*

The Directorate of Health must acknowledge receipt of an application for a licence to practise or a specialist licence within one month of receipt and inform the applicant of any missing document.

The Directorate of Health may check the professional qualifications of a healthcare practitioner prior to the first provision of services classified under Section VI within a regulated profession. Such a prior check is permitted where its purpose is to avoid serious damage to the health or safety of a patient due to a lack of professional qualification of the healthcare practitioner and where the check does not go beyond what is necessary. This does not apply to the professional qualifications of medical doctors, dentists, registered nurses, midwives and pharmacists who receive a licence to practise pursuant to Section III.

In the case of doubt in regard to the reliability or trustworthiness of certain documents, the Directorate of Health may require from the competent authorities of the applicant's host Member State confirmation of the authenticity of the documents. In the event of justified doubts, the Directorate of Health may ask the competent authorities of the State where a licence to practise was originally issued to provide confirmation of the fact that the applicant is not suspended or prohibited from the pursuit of the profession in question as a result of professional misconduct or conviction of criminal offences relating to the pursuit of the profession.

The Directorate of Health may request the opinion of the relevant professional body on the documents accompanying an application for recognition of professional qualifications.

The procedure for examining an application pursuant to Section III must be completed as quickly as possible and no later than three months after the date on which the applicant's complete file was submitted.

The deadline to complete the examination of an application may be extended by one month when the application concerns the recognition of evidence of training and professional experience.

The examination of applications submitted pursuant to Section IV must be completed no later than four months after the receipt of all required documents.

Where an application for a European Professional Card is received from a competent authority in another Member State of the European Economic Area, the deadlines stated in Section II apply.

Other procedural aspects, including the right to appeal a decision and the absence of a decision, are governed by the Medical Director of Health and Public Health Act, No 41/2007, and the Administrative Procedures Act, No 37/1993.

#### Article 36

##### *Rejection of an application for a licence to practise or a specialist licence*

In cases where the conditions of Sections III and IV are fulfilled, the applicant is nevertheless not entitled to be issued a licence to practise or a specialist licence if circumstances exist that could lead to a licence being revoked.

#### Article 37

##### *Issuance of a licence to practice or a specialist licence on the basis of training acquired in a third country*

An applicant for a licence to practise or a specialist licence who was trained in a country outside the European Economic Area (a 'third country'), is entitled to having the application examined in accordance with Section IV, provided that it is supported by at least the following documents:

1. Evidence of formal qualifications or diploma issued in a third country and satisfying the minimum requirements laid down in the Directive.
2. A certificate attesting to three years of professional experience in a Member State of the European Economic Area, or Switzerland, which has recognised the evidence of formal qualifications.

In the case of an applicant who does not have the professional experience required by point b of the first paragraph, but who supports the application with evidence of formal qualifications issued in a third country, accompanied by an attestation whereby a Member State of the European Economic Area, or Switzerland, certifies that it has recognised the evidence, the Directorate of Health must assess the training for the purpose of an application for a licence to practise or a specialist licence under Section IV. The Directorate of Health must also assess professional experience which demonstrably was completed in a Member State of the European Economic Area, or Switzerland.

#### Article 38

##### *Knowledge of languages*

A healthcare practitioner whose professional qualifications are recognised under Sections III or IV, and any person who intends to provide healthcare services pursuant to Section V that have public health and patient safety implications, must possess the language skills necessary to practise the profession concerned in Iceland in a satisfactory manner.

Checks of language skills may be imposed where the profession to be practised has implications for patient safety and public health, and where there is a serious and concrete doubt about the sufficiency of the professional's language knowledge in respect of the activities to be pursued. Checks may be carried out only after the issuance of a European Professional Card in accordance with Section II, or after the recognition of formal qualifications, as the case may be. Any language controls must be proportionate to the profession to be pursued.

Depending on the situation, the employer should evaluate whether the language knowledge of the healthcare practitioner is sufficient to guarantee the safety and interests of patients.

#### Article 39

##### *Provision of information*

A person applying for a licence to practice or a specialist licence, or intending to provide a service pursuant to Section V, may contact the Directorate of Health for information concerning this Regulation and its implementation. The Directorate of Health must make sure that an applicant is provided with any information about Icelandic health legislation which may be necessary to enable the applicant to pursue an activity within a regulated healthcare profession.

Applicants must be guaranteed electronic access to information in Icelandic and English about regulated professions in Iceland, and about training requirements for those professions, in accordance with Chapter II of the Act on services in the internal market of the European Economic Area, as appropriate. Any decision relating to the scope of the information provided should take into account the provisions of Article 57 of the Directive.

Applicants as referred to in the first paragraph must have the possibility to submit their applications and accompanying documents, and complete all formalities relating to the application, through electronic means.

The Directorate of Education is charged with providing those interested with information and guidance relating to recognition of professional qualifications. It is also responsible for providing information to similar assistance centres in other Member States of the European Economic Area, and Switzerland, at their request.

#### Article 40

##### *Documents which may be required*

The Directorate of Health may require applicants for a licence to practise or a specialist licence to accompany their applications with the following documents and certificates, listed in Annex VII of the Directive.

- a. Proof of the applicant's nationality.
- b. Certified copies of the attestations of professional competence or of the evidence of formal qualifications giving access to the profession in question.

- c. An attestation of practical training/professional experience completed in accordance with the provisions of this Regulation.
- d. Information regarding the loss, restriction or withdrawal of the right to practise a profession, or other similar sanctions for serious professional misconduct or mistakes (letter of good standing). No such document may be older than three months.
- e. In addition to evidence of formal qualifications, a certificate issued by the competent authorities of the applicant's home Member State stating that this evidence of formal qualifications is as stipulated by this Directive.
- f. A criminal record certificate, if required for Icelandic nationals.

The applicant must provide the information necessary to verify that his or her education and training is not substantially different from the training required in Iceland. Where the applicant is unable to provide information pursuant to the first paragraph, the applicant must provide the Directorate of Health with information about a competent authority or any other relevant public body in the Member State issuing the documents. Where there is justified doubt of the validity of an attestation of competence or evidence of formal qualifications, and that the applicant does not satisfy the minimum training requirements laid down in the Directive, the Directorate of Health may require from the competent authorities of the relevant Member State of the European Economic Area, or Switzerland, confirmation of the authenticity of the evidence, and of the fact that the applicant fulfils the training conditions set out in the Directive.

In cases of justified doubt, where evidence of formal qualifications issued by the competent authorities of a Member State of the European Economic Area, or Switzerland, includes training received in whole or in part in an educational establishment in another Member State of the European Economic Area, or Switzerland, the Directorate of Health may require the State where the evidence was originally awarded to confirm whether:

- a. the training course at the establishment concerned has been formally certified in the Member State of the European Economic Area, or Switzerland, where the evidence was issued;
- b. the evidence of formal qualifications issued is the same as that which would have been awarded if the course had been followed entirely in the Member State of the European Economic Area, or Switzerland, where the evidence was issued; and
- c. the evidence of formal qualifications confers the same professional rights in the territory of the Member States of the European Economic Area, or Switzerland, where the evidence was issued.

#### Article 41

##### *Use of professional titles*

Healthcare practitioners who have been granted a licence to practise or a specialist licence pursuant to this Regulation must use the Icelandic professional titles corresponding to the profession in question in Iceland. When providing a service pursuant to Section V, healthcare practitioners must use the professional titles of their Member State of establishment. Each professional title is to be indicated in the official language or one of the official languages of the home Member State in such a way as to avoid any confusion with the Icelandic professional title. Where no such professional title exists, the healthcare practitioner must use the title indicated on the evidence of professional qualifications.

Medical doctors, dentists, registered nurses, midwives and pharmacists who are authorised to exercise their professions in Iceland without an Icelandic licence to practise or specialist licence may use Icelandic professional titles.

#### Article 42

##### *Recognition of professional traineeship*

If access to a regulated profession in Iceland is contingent upon the healthcare practitioner concerned having completed a period of vocational training or a professional traineeship, the Directorate of Health must recognise professional traineeships carried out in another Member State of the European Economic Area, or Switzerland, provided the traineeship is in accordance with national rules or curricula in the State concerned, and satisfies Icelandic requirements. A written

description of the learning objectives and assignments decided on by the supervisor of the professional traineeship in the host Member State must be submitted.

If professional traineeship or a period of vocational training has been carried out in a third country, this must be taken into account when examining an application by a healthcare practitioner for a licence to practise or a specialist licence in Iceland.

Recognition of the professional traineeship does not replace any requirements in place for healthcare practitioners to pass an examination in order to gain access to the profession in question in Iceland.

The Directorate of Health must publish guidelines on the organisation and recognition of professional traineeships carried out in another country.

#### Article 43

##### *Attestations for use in another Member State of the European Economic Area, or Switzerland*

At the request of a healthcare practitioner who intends to apply for recognition of evidence of formal qualifications, or provide temporary services in another Member State of the European Economic Area, or Switzerland, the Directorate of Health must issue a certificate attesting that the practitioner has been granted the right to practise as a registered healthcare practitioner and, as the case may be, as a specialist or general practitioner, cf. Article 17, in Iceland.

The Directorate of Health must withdraw an attestation issued pursuant to the first paragraph if the healthcare practitioner concerned suffers the loss or restriction of a licence to practise, a specialist licence, or a licence to prescribe medicine. The same applies if a healthcare practitioner gives up a registration, or gives up a licence to practise, a specialist licence, or a licence to prescribe medicine.

#### Article 44

##### *Nordic nationals*

In the case of Danish, Finnish, Norwegian and Swedish nationals, such agreements entered into between the governments of the Nordic countries as have come into force as far as Iceland is concerned also apply.

#### Article 45

##### *Fees to be charged*

The issuance of a licence to practise or a specialist licence is subject to the payment of a fee as laid down in Article 10 of the Treasury Additional Revenue Act, No 88/1991.

In addition to the fee referred to in the first paragraph, a special fee may be charged for any processing and treatment by the Directorate of Health of applications for a licence to practise, a specialist licence, and the examination of an application for a European Professional Card for the purpose of pursuing a profession in Iceland. This includes fees charged for the translation of documents, for the external evaluation of the application submitted by the healthcare practitioner, for the examination and assessment of documents, and other administrative tasks.

Any fees charged must be reasonable and commensurate with the workload necessary to evaluate the merits of the application.

The Minister decides on the fees to be charged pursuant to the second paragraph on a proposal by the Directorate of Health. The fees must be commensurate with the work carried out by external evaluators and assessors in relation to the issuance of licences to practise, specialist licences, and European Professional Cards.

The Directorate of Health may charge a fee pursuant to the second paragraph before starting the examination of an application or forwarding documents to external evaluators and assessors. This must be based on a detailed cost analysis in accordance with the applicable tariff.

Fees charged for aptitude tests are regulated by Article 24 of the Act on public higher education institutions, No 85/2008, and Article 45 of the Upper Secondary Education Act, No 92/2008.

#### Article 46

##### *Other legal and regulatory provisions*

This Regulation is issued in implementation of the Healthcare Practitioners Act, No 34/2012; the Medical Director of Health and Public Health Act, No 41/2007; and regulations issued under those Acts, and of other legal and regulatory provisions as appropriate, as well as of Directive 2005/36/EC

of 7 September 2005 on the recognition of professional qualifications, including all later amendments and all annexes.

Article 47

*Transposition*

This Regulation constitutes the transposition of Directive of the European Parliament and of the Council 2005/36/EC of 7 September 2005 on the recognition of professional qualifications, as incorporated into the Agreement on the European Economic Area by Decision of the EEA Joint Committee No 142/2007, published on 10 April 2008 in the *EEA Supplement to the Official Journal of the European Union* No 19/2008.

This Regulation also transposes Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation'), as incorporated into the Agreement on the European Economic Area by Decision of the EEA Joint Committee No 94/2017, published on 7 February 2019 in the *EEA Supplement to the Official Journal of the European Union* No 11/2019, and Commission Implementing Regulation (EU) No 2015/983 of 24 June 2015 on the procedure for issuance of the European Professional Card and the application of the alert mechanism pursuant to Directive 2005/36/EC.

Article 48

*Entry into force*

This Regulation, which is issued under the provisions of Article 9, third paragraph, of the Act on the recognition of professional qualifications for the pursuit of an activity in Iceland, No 26/2010, as amended, enters into force immediately. At the same time, Regulation No 461/2011 on the recognition of professional qualifications of healthcare practitioners from other Member States of the European Economic Area is repealed.

*Ministry of Health, 14 May 2020*

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**Disclaimer:** *This is an English translation. The original Icelandic text, as published in the Law Gazette (Stjórnartíðindi) is the authoritative text. Should there be discrepancy between this translation and the authoritative text, the latter prevails.*

**Appendix I**

Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, as incorporated into the Agreement on the European Economic Area by Decision of the EEA Joint Committee No 142/2007, published on 10 April 2008 in the *EEA Supplement to the Official Journal of the European Union* No 19/2008, p. 70.

Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation'), as incorporated into the Agreement on the European Economic Area by Decision of the EEA Joint Committee No 94/2017, published on 18 May 2017 in the *EEA Supplement to the Official Journal of the European Union* No 31/2017, p. 703.

**Appendix II****Levels of qualification according to Article 11 of Directive 2005/36/EC, as amended**

## Article 1

<i>Professional title:</i>	<i>Level of qualification</i>
Healthcare professions assessed under Article 22, cf. Article 11 of the Directive	
1. Alcohol and drug addiction counsellors	Evidence pursuant to point (a)
2. Social workers	MA degree at university level pursuant to point (e)
3. Chiroprodists/podiatrists	Secondary-level course pursuant to point (b)
4. Radiographers	BS degree supplemented by a one year (diploma) course at university level pursuant to point (d)
5. Health information managers	90 ECTS credits diploma course at university level in health information management pursuant to point (c)
6. Audiologists	No course available in Iceland; three-year BS/BA degree in audiology at university level, supplemented by three months of professional training under the supervision of an audiologist pursuant to point (d)
7. Chiropractors	No course available in Iceland; at least four years of training at university level, supplemented by twelve months of professional training pursuant to point (e).
8. Occupational therapists	BS degree at university level pursuant to point (d)
9. Biomedical scientists	BS degree supplemented by a one year (diploma) course at university level pursuant to point (d)
10. Pharmacological technicians	Secondary-level course pursuant to point (b)
11. Diet cooks	Secondary-level course pursuant to point (b)
12. Food scientists	BS degree at university level pursuant to point (d)
13. Biologists in a specialised health institution	BS degree at university level pursuant to point (d)
14. Nutritionists	MS degree at university level pursuant to point (e)
15. Dieticians	BS degree supplemented by a one year course in human nutrition at university level pursuant to point (d)
16. Food technicians	BS degree at university level pursuant to point (d)
17. Osteopaths	BS degree, supplemented by practical training at university level pursuant to point (d)
18. Psychologists	BS or BSc degree, supplemented by a two-year graduate course leading to an MS, MSc or cand. psych. degree at university level pursuant to point (e)
19. Optometrists	No course available in Iceland: training at university level pursuant to point (c)
20. Emergency medical technicians and paramedics	Evidence for emergency medical technicians pursuant to point (a) and for paramedics pursuant to point (d)
21. Licensed practical nurses	Secondary-level course pursuant to point (b)
22. Massage therapists	Secondary-level course pursuant to point (b)
23. Physiotherapists	Four years of training towards a BS degree at university level pursuant to point (d) from 1 January 2019; MS degree (five years) pursuant to point (e); those graduating with an MS degree in 2019 are sorted under point (e)
24. Prosthetists-orthotists	No course available in Iceland (at least BS degree at university level pursuant to point (d))
25. Speech and language therapists	MS degree at university level pursuant to point (e)
26. Dental hygienists	No course available in Iceland pursuant to point (b)

27. Dental technicians

28. Dental assistants

29. Social educators

BS degree at university level pursuant to point (d)

Secondary-level course pursuant to point (b)

BA degree at university level, supplemented by a 60  
ECTS credits diploma pursuant to point (d)

**Appendix III****Special acquired rights of applicants whose qualifications were obtained in the former German Democratic Republic, the former Czechoslovakia, the former Soviet Union, the former Yugoslavia, or Bulgaria.**

## Article 1

Evidence of formal qualifications as medical doctor giving access to the professional activities of doctor with basic training and specialised doctor, as registered nurse responsible for general care, as dentist, as specialised dentist, as midwife, or as pharmacist which does not satisfy all the minimum training requirements laid down in Articles 24, 25, 31, 34, 35, 40 or 44 of the Directive entitles the holder to be issued a licence to practise or a specialist licence in Iceland provided that:

- a. the applicant submits a certificate issued by a competent authority and attesting that the applicant has successfully completed training which began before the reference dates laid down in points 5.1.1, 5.1.2, 5.2.2, 5.3.2, 5.3.3, 5.5.2 and 5.6.2 of Annex V of the Directive, and that the applicant has been lawfully engaged in the activities in question for at least three consecutive years during the five years preceding the award of the certificate; and
- b. a competent authority in the State concerned attests that such evidence of formal qualifications has the same legal validity within their territory as the evidence of formal qualifications which they issue, and as pharmacist with respect to the activities referred to in Article 45(2) of the Directive.

## Article 2

Evidence of formal qualifications as medical doctor giving access to the professional activities of doctor with basic training and specialised doctor, as registered nurse responsible for general care, as dentist, as specialised dentist, as midwife, or as pharmacist, obtained in the former German Democratic Republic, which does not satisfy all the minimum training requirements laid down in Articles 24, 25, 31, 34, 35, 40 or 44 of the Directive, but certifying successful completion of training which began before:

- a. 3 October 1990 for doctors with basic training, registered nurses responsible for general care, dentists, specialised dentists, midwives and pharmacists, and
- b. 3 April 1992 for specialised doctors,

entitles the holder to be issued a licence to practise or a specialist licence in Iceland.

Evidence pursuant to Article 1 of formal qualifications giving access to professional activities in Germany under the same conditions as apply to evidence of formal qualifications issued by the competent German authorities, referred to in points 5.1.1, 5.1.2, 5.2.2, 5.3.2, 5.3.3, 5.5.2 and 5.6.2 of Annex V of the Directive, entitles the holder to be issued a licence to practise or a specialist licence in Iceland.

## Article 3

Evidence pursuant to Article 1 of formal qualifications as medical doctor giving access to the professional activities of doctor with basic training and specialised doctor, as registered nurse responsible for general care, as midwife, or as pharmacist, held by a national of a Member State of the European Economic Area, or Switzerland, and issued by the former Czechoslovakia, or by the Czech Republic or Slovakia if the training began before 1 January 1993, entitles the holder to be issued a licence to practise or a specialist licence in Iceland.

## Article 4

Evidence pursuant to Article 1 of formal qualifications as medical doctor giving access to the professional activities of doctor with basic training and specialised doctor, as registered nurse responsible for general care, as dentist, as specialised dentist, as midwife, or as pharmacist, held by a national of a Member State of the European Economic Area, or Switzerland, and issued by the former Czechoslovakia, or by the Czech Republic or Slovakia if the training began before 1 January 1993, entitles the holder to be issued a licence to practise or a specialist licence in Iceland.

## Article 5

Evidence pursuant to Article 1 of formal qualifications giving access to a professional activity, held by a national of a Member State of the European Economic Area, or Switzerland, and issued by the former Soviet Union, or where the training began:

- a. for Estonia, before 20 August 1991;
- b. for Latvia, before 21 August 1991;
- c. for Lithuania, before 11 March 1990,

entitles the holder to be issued a licence to practise or a specialist licence in Iceland.

## Article 6

Evidence pursuant to Article 1 of formal qualifications giving access to a professional activity, held by a national of a Member State of the European Economic Area, or Switzerland, and issued by the former Yugoslavia, or where the training began, for Slovenia, before 25 June 1991 and, for Croatia, before 1 July 2013, entitles the holder to be issued a licence to practise or a specialist licence in Iceland.

## Article 7

The holders of the Bulgarian qualification of ‘фелдшер’ (feldsher) awarded in 31 December 1999 and exercising this profession under the Bulgarian national social security scheme on 1 January 2000 are not entitled to obtain professional recognition in other Member States as medical doctors or registered nurses under this Regulation, see Article 23a of Directive 2005/36/EC, as amended.

**Appendix IV****Acquired rights specific to registered nurses from Poland and Romania**

## Article 1

With regard to the qualifications of registered nurses responsible for general care in Poland, only the following provisions on acquired rights apply: The Directorate of Health must recognise the formal qualifications of a registered nurse responsible for general care which:

- a. were awarded in Poland to registered nurses who completed training before 1 May 2004 but do not satisfy the minimum training requirements laid down in Article 31 of the Directive; and
- b. are attested by a diploma corresponding to a BS degree which was obtained on the basis of a special upgrading programme contained in:
  1. Article 11 of the Act of 20 April 2004 on the amendment of the Act on professions of nurse and midwife and on some other legal acts and the Regulation of the Minister of Health of 11 May 2004 on the detailed conditions of delivering studies for nurses and midwives who hold a certificate of secondary school (final examination – matura) and are graduates of medical lyceum and medical vocational schools teaching in a profession of a nurse and a midwife; or
  2. the Act of 15 July 2011 on professions of nurse and midwife and the Regulation of the Minister of Health of 14 June 2012 on the detailed conditions of delivering higher education courses for nurses and midwives who hold a certificate of secondary school (final examination – matura) and are graduates of a medical secondary school or a post-secondary school teaching in a profession of a nurse and a midwife, for the purpose of verifying that the nurse concerned has a level of knowledge and competence comparable to that of nurses holding the qualifications listed for Poland in point 5.2.2 of Annex V of the Directive.

## Article 2

With regard to the qualifications of registered nurses responsible for general care in Romania, only the following provisions on acquired rights apply:

With regard to nationals of a Member State of the European Economic Area, or Switzerland, who hold evidence of formal qualifications as a registered nurse responsible for general care in Romania which does not satisfy all the minimum training requirements laid down in Article 31 of the Directive, the Directorate of Health must recognise the following evidence of formal qualifications as being sufficient proof, provided that it is accompanied by a certificate stating that those Member State nationals have effectively and lawfully been engaged in the activities of a registered nurse responsible for general care in Romania, including taking full responsibility for the planning, organisation and carrying out of the nursing care of patients for a period of at least three consecutive years during the five years prior to the date of issue of the certificate:

- a. Certificat de competențe profesionale de asistent medical generalist with post-secondary education obtained from a școală postliceală, attesting to training started before 1 January 2007.
- b. Diplomă de absolvire de asistent medical generalist with short-time higher education studies, attesting to training started before 1 October 2003.
- c. Diplomă de asistent medical generalist with long-time higher education studies, attesting to training started before 1 October 2003.

**Appendix V****Acquired rights specific to dentists****Article 1**

The Directorate of Health must recognise, for the purposes of the pursuit of the professional activities of dentists under the qualifications listed in point 5.3.2 of Annex V of the Directive, evidence of formal qualifications issued in Italy, Spain, Austria, the Czech Republic, Romania and Slovakia to persons who began their medical training on or before the reference date stated in Annex V for the Member State concerned, provided that the application is accompanied by a certificate issued by the competent authorities of that Member State.

The certificate must show that the two following conditions are met:

- a. that the applicant has been effectively, lawfully and principally engaged in that Member State in the activities referred to in Article 36 of the Directive for at least three consecutive years during the five years preceding the award of the certificate; and
- b. that the applicant is authorised to pursue the said activities under the same conditions as holders of evidence of formal qualifications listed for that Member State in point 5.3.2 of Annex V of the Directive.

Persons who have successfully completed at least three years of study, certified by the competent authorities in the Member State concerned as being equivalent to the training referred to in Article 34 of the Directive, are to be exempted from the requirement of three-year practical work experience referred to in point a.

With regard to the Czech Republic and Slovakia, evidence of formal qualifications obtained in the former Czechoslovakia must be accorded the same level of recognition as evidence of formal qualifications obtained in the Czech Republic or Slovakia, and under the same conditions as set out in the preceding paragraphs.

**Article 2**

The Directorate of Health must recognise evidence of formal qualifications as a doctor issued in Italy to persons who began their university medical training in the period 28 January 1980 to 31 December 1984, provided that the application is accompanied by a certificate issued by the competent Italian authorities. The certificate must show that all of the following conditions are met:

- a. that the applicant passed an aptitude test held by the competent Italian authorities with a view to establishing that the applicant possesses a level of knowledge and skills comparable to that of persons holding evidence of formal qualifications listed for Italy in point 5.3.2 of Annex V of the Directive;
- b. that the applicant has been effectively, lawfully and principally engaged in Italy in the activities referred to in Article 36 of the Directive for at least three consecutive years during the five years preceding the award of the certificate; and
- c. that the applicant is authorised in Italy to engage in or is effectively, lawfully and principally engaged in the activities referred to in Article 36 of the Directive, under the same conditions as the holders of evidence of formal qualifications listed for Italy in point 5.3.2 of Annex V of the Directive.

Persons who have successfully completed at least three years of study certified by the competent authorities as being equivalent to the training referred to in Article 34 of the Directive are to be exempted from the aptitude test referred to in point a.

An applicant who began university medical training after 31 December 1984 is to be treated in the same way as those referred to above, provided that the above-mentioned three years of study began before 31 December 1994.

**Article 3**

Evidence of formal qualifications held by dental practitioners must be recognised by the Directorate of Health pursuant to Article 21 where the applicants began their training on or before 18 January 2016.

## Article 4

The Directorate of Health must recognise evidence of formal qualifications as a doctor issued in Spain to professionals who began their university medical training between 1 January 1986 and 31 December 1997, accompanied by a certificate issued by the Spanish competent authorities. The certificate must show that all of the following conditions are met:

- a. that the professional in question has successfully completed at least three years of study, certified by the Spanish competent authorities as being equivalent to the training referred to in Article 34 of the Directive;
- b. that the professional in question has been effectively, lawfully and principally engaged in the activities referred to in Article 36 of the Directive in Spain for at least three consecutive years during the five years preceding the award of the certificate; and
- c. that the professional in question is authorised to engage in or is effectively, lawfully and principally engaged in the activities referred to in Article 36 of the Directive, under the same conditions as the holders of evidence of formal qualifications listed for Spain in point 5.3.2 of Annex V of the Directive.

**Appendix VI****Acquired rights specific to midwives****Article 1**

The Directorate of Health must recognise evidence of formal qualifications as a midwife which satisfies all the minimum training requirements laid down in Article 40 of the Directive but, by virtue of Article 41, is not recognised unless it is accompanied by a certificate of professional practice referred to in Article 41(2) of the Directive. The evidence of formal qualifications is to be regarded as sufficient proof if issued before the reference date referred to in point 5.5.2 of Annex V of the Directive, provided that it is accompanied by a certificate stating that the applicant has been effectively and lawfully engaged in the activities in question for at least two consecutive years during the five years preceding the award of the certificate.

As regards evidence of formal qualifications of midwives, Member States must recognise automatically those qualifications where the applicant started the training before 18 January 2016. The admission requirement for such training was 10 years of general education or an equivalent level for route I, or completed training as a registered nurse responsible for general care as attested by evidence of formal qualification referred to in point 5.2.2 of Annex V before starting a midwifery training falling under route II.

**Article 2**

The conditions laid down in Article 1 apply to applicants whose evidence of formal qualifications as a midwife certifies completion of training received in the territory of the former German Democratic Republic and satisfying all the minimum training requirements laid down in Article 40 of the Directive, but where the evidence of formal qualifications, by virtue of Article 41, is not recognised unless it is accompanied by the certificate of professional experience referred to in Article 41(2) of the Directive, where it attests a course of training which began before 3 October 1990.

**Article 3**

Member States must recognise evidence of formal qualifications in midwifery that:

- a. was awarded in Poland to midwives who completed training before 1 May 2004 but does not satisfy the minimum training requirements laid down in Article 40 of the Directive; and
- b. is attested by a diploma corresponding to a BS degree which was obtained on the basis of a special upgrading programme contained in:
  1. Article 11 of the Act of 20 April 2004 on the amendment of the Act on professions of nurse and midwife and on some other legal acts (Official Journal of the Republic of Poland of 2004 No 92, pos. 885, and of 2007 No 176, pos. 1237) and the Regulation of the Minister of Health of 11 May 2004 on the detailed conditions of delivering studies for nurses and midwives who hold a certificate of secondary school (final examination – matura) and are graduates of medical lyceum and medical vocational schools teaching in a profession of a nurse and a midwife (Official Journal of the Republic of Poland of 2004 No 110, pos. 1170, and of 2010 No 65, pos. 420); or
  2. Article 53.3, point 3, of the Act of 15 July 2011 on professions of nurse and midwife (Official Journal of the Republic of Poland of 2011 No 174, pos. 1039) and the Regulation of the Minister of Health of 14 June 2012 on the detailed conditions of delivering higher education courses for nurses and midwives who hold a certificate of secondary school (final examination – matura) and are graduates of a medical secondary school or a post-secondary school teaching in a profession of a nurse and a midwife (Official Journal of the Republic of Poland of 2012, pos. 770), for the purpose of verifying that the midwife concerned has a level of knowledge and competence comparable to that of midwives holding the qualifications listed for Poland in point 5.5.2 of Annex V of the Directive.

**Article 4**

The Directorate of Health must recognise evidence of formal qualifications as a midwife (in Romanian asistent medical obstetrică-ginecologie) which was issued by Romania before 1 January

2007 and which does not satisfy the minimum training requirements laid down in Article 40 of the Directive,

Article 5

Acquired rights in midwifery do not apply to the following evidence of formal qualifications obtained in Croatia before 1 July 2013:

viša medicinska sestra ginekološko-opstetrickog smjera (High Gynaecology-Obstetrical Nurse), medicinska sestra ginekološko-opstetrickog smjera (Gynaecology-Obstetrical Nurse) viša medicinska sestra primaljskogsmjera (High Nurse with Midwifery Degree), MEDICINSKA SESTRA PRIMALJSKOG SMJERA (Nurse with Midwifery Degree), ginekološko-opstricka prialja (Gynaecology-Obstetrical Midwife) and primalja (Midwife).

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